

## California and Western Medicine

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## EDITORIALS

### THE CALIFORNIA LEGISLATURE IS IN SESSION

*Usual Flood of Proposed New Laws Appears.* The first portion of the forty-eighth session of the California legislature came to an end on the eighteenth day of January. The legislature now takes a thirty-day recess. Some 1859 new bills were introduced in the two brief weeks of the preliminary session. Of these a goodly number directly or indirectly concern public health matters in which organized medicine should be interested.

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*Public Health Interests Should Be Alert.*—The appearance of these many public health measures on the docket files of the legislature indicates that they are sponsored by persons or interests whom it may be assumed believe, whether rightly or wrongly, that such additional legislative enactments will enhance or bring benefits to either themselves or the people at large. But no matter what may have been the motives which led to the introduction of these bills, it is the moral obligation of the medical profession to study all such proposed public health legislation, so that undesirable measures may be either modified or eliminated.

The general officers and legislative committees of the state association and its component county societies have a special responsibility and should be alert to all such proposed legislation, in order

that the best interests of the citizens of the state and of the medical profession may be properly safeguarded.

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*The Vocational Standards Bill.*—This measure was discussed in the January issue of CALIFORNIA AND WESTERN MEDICINE (pages 50 and 65) and was taken up in further detail at the meeting of the Council of the California Medical Association, held in San Francisco on January 12. Efforts are being made to make the provisions affecting the professions of medicine, dentistry, and pharmacy as acceptable as possible. For instance, the full text of the bill, a digest of which was printed in the December issue of CALIFORNIA AND WESTERN MEDICINE (page 414) has been modified so that the three professions are now grouped in Division 1 of the proposed department, with supervisory conditions which are different from those which will apply to vocations and trades.

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*How the Legislative Session Is Divided.*—Practically all new bills must be filed by assemblymen and senators during the January meetings. Then follows a recess of one month, the legislature again convening to continue in session until adjournment. This will make somewhat possible during February a study of all new legislation. A summary may be printed in the March issue of CALIFORNIA AND WESTERN MEDICINE.

During the recess period the officers and members of component county societies should see to it that proper contacts are made with their local senators and assemblymen, in order to assure better coöperative effort and support should occasion later on require. Every component county society should either have a separate legislative committee, or the officers as an executive committee should act in such capacity.

The chairman of the Legislative Committee of the California Medical Association is Dr. Harlan Shoemaker. Information on medical matters deemed of interest to the State Committee should be sent to him. Doctor Shoemaker's address is 1014 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.

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*Laws Relating to the Board of Medical Examiners.*—The Vocational Standards statute could seriously influence the activities of the California Board of Medical Examiners, as was pointed out in the January issue of CALIFORNIA AND WESTERN MEDICINE. In addition to that measure, which was submitted by the Governor's office, a number of other bills have been introduced. These medical board bills would bring into being, if possible, amendments which would cover some of the items discussed at a recent conference of board members and medical school representatives, and which were listed in the November, 1928 issue of CALIFORNIA AND WESTERN MEDICINE (page 344). The provision for a fifth year of work, applicable to graduates after July 1, 1929, is covered in Senate Bill 214 (lines 21-28 of first page of the bill). This and other proposed

amendments will be carefully studied by the officers of the Board of Examiners and by the Legislative Committee of the California Medical Association. Among such proposed amendments are those listed in Senate Bills 106, 213, 216, 215, and 217. Requests made to the Legislative Bill Room, California State Bureau of Printing, Sacramento, will bring copies of such proposed legislation to the county society committees who write for the same.

Many other measures involving public health interests were introduced at the legislative session just closed, and many additional public health amendments may be expected to appear in the concluding session. The full coöperation of all members of the California Medical Association is needed to safeguard the interests of the people and of the profession.

### INFLUENZA AND PUBLICITY—COMMENTS ON TREATMENT

*The Recent Epidemic of Influenza.*—Influenza, starting on the Pacific Slope, has swept its way eastward to the Atlantic; the present epidemic, however, fortunately being of a milder type than the visitation of 1918. When it made its appearance on this western coast, a considerable number of Middle West and Eastern newspapers played up its ravages to their local readers, giving direct or implied suggestions that it might be well for easterners to stay at home rather than go to California for the winter.

Before the epidemic had reached the Mississippi, however, Pacific Slope papers in turn were making mention of a "medical board of strategy" which had been appointed by the Surgeon-General of the United States Public Health Service, the board to keep a close watch and make a careful study of the disease types in the prevalent epidemic, and to suggest ways and means whereby its ravages to human health and life might be kept down to a minimum.

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*Commercial Bodies and Vital Statistics Publicity.*—An interesting sidelight which came under observation in one of the large California cities was the action of one or more large commercial organizations in sending communications to their local board of health deprecating the publication by the health commissioner of figures or information which would call attention to the local prevalence of the disease or of its nature and best method of handling. The commercial organization communications were evidently well meant and very possibly may have been based on the desire of the commercial bodies not to have local business or prospective tourist travel interfered with.

Such communications are not commendable, however. In disease epidemics such as influenza or smallpox it is important and essential that the citizens of a community should know to what extent the diseases are prevailing. Citizens may justly expect to be informed by local health officers concerning the virulence or special dangers

associated with an epidemic. Then those who desire to exercise suitable precautions would be in a position to do so. Without such knowledge the health and even the lives of a certain number of citizens might be unnecessarily sacrificed; and those who were parties in the concealment of the proper public health information would then have an indirect relationship to such loss of health and life. In view of the commercial organization efforts referred to, to minimize or conceal the incidence and other factors of the disease in certain districts of California, it is the more interesting to note how the Associated Press from day to day later gave the number of cases in other states as the disease made its way from one seaboard to the other.

In our enlightened age, in which man has weapons with which to give battle to epidemic scourges, it is not an expression of superintelligence to imagine that things which most people know do exist more or less, do not seemingly exist at all. Such practice savors too much of the ostrich sticking its head in the sand when danger threatens, or of an age prior to that of modern scientific medicine, when lack of knowledge of causative disease factors laid the foundation for superstition, fear and blind groping and action. Health boards and officers should so sense their obligations in matters of such nature as to refuse to become parties to the suppression of vital statistics on morbidity or mortality. There are many unsolved problems in medicine, but ignorance and suppression of the truth will aid neither science, mankind, or the state.

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*Bloomfield's Comments on Influenza in This Issue.*—In the "Medicine Today" column in this issue is a brief presentation by Doctor Bloomfield of San Francisco on the subject of influenza. It is interesting to note that the viewpoint which Bloomfield presents was held by a goodly number of physicians during the 1918 influenza pandemic; and also that in the decade which has followed, few new facts have been discovered that would give us a better control of this disease. We believe Bloomfield sums up the present-day viewpoint of many physicians when he states in his last paragraph, "The essential point is to get the patient to bed early and to keep him there." This simple dictum has been one the value of which seemingly has not been sufficiently comprehended by many physicians and by a very, very large number of the laity. As a consequence many human beings who could still be serving useful purposes on earth have gone to death earlier than was necessary.

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*A Personal Experience in 1918.*—The writer's experience in the 1918 pandemic was limited to a Students' Army Training Corps unit of about nine hundred or more college students, some six hundred of whom went down with influenza at a time when the barracks had not been erected, and when the sole equipment supplied to the unit by the Government consisted of some iron bedsteads and blankets. The medical staff of the unit consisted